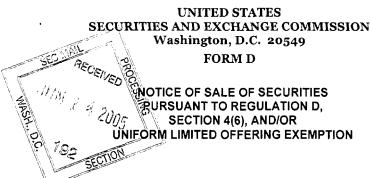
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FORM D





Name of Offering (check if this is an amendment and name has changed, and indicate change.)
SECURED CONVERTIBLE NOTES OFFERING OF OTOLOGICS, L.L.C.
Filing Under (Check box(es) that apply) ☐ Rule 504 ☐ Rule 505 [✓] Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: [✓] New Filing ☐ Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Otologics, L.L.C.
Address of Executive Offices (Number and Street, City, State, Zip Code) 5445 Airport Boulevard, Boulder, CO 80301 Telephone Number (including Area Code) (303) 448-9933
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (including Area Code)
Brief Description of Business
Medical Device Development, Manufacturing and Sale
Type of Business Organization
☐ corporation ☐ limited partnership, already formed [✓] Limited liability company
□ business trust □ limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: [0][5] [9][6] [✓] Actual ☐ Estimated ✓
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [M][O]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

				ATTI	ENTION						
Failure to file notic failure to file the a such exemption is p	ppropriat	e fec	deral notice	e will	not result	in a					
SEC 1972 (6-02)			spond to the col ond unless the f								
			A RAS	IC ID	ENTIFICA	TION	N DATA				
 Enter the inform Each promote Each beneficial equity secur Each executive partnership is Each general a 	r of the issu l owner ha ities of the cofficer and ssuers; and	ier, if ving t issue d dire l	the issuer hathe power to er. ector of corpo	as bee vote o orate i	or dispose, or	r dire	ct the vote o	r disp	position of,		f a class of
Check Box(es) that Ap			Promoter	×	Beneficial Owner		Executive Officer		Director	☐ Managing	Partner
Full Name (Last name Nidek Co., Ltd.	first, if inc	lividu	ıal)								
Business or Residence 34-14 Maehama, Hiro						Code			-		
Check Box(es) that Ap	ply:		Promoter	×	Beneficial Owner		Executive Officer		Director	☐ Managing	Partner
Medtronic, Inc.											
Business or Residence World Headquarters,			Number and l arkway, Min					-		-	
Check Box(es) that Ap	ply:		Promoter [⊠ Ber	neficial Own	er 🗵	Executive (Office	er Direc	ctor 🗵 Mana	ger
Full Name (Last name	first, if inc	lividu	ial)								

☐ Managing Partner

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Otologics, L.L.C., 5445 Airport Boulevard, Boulder, CO 80301

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Otologics, L.L.C., 5445 Airport Boulevard, Boulder, CO 80301

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director

Bedoya, Jose' H.

Hendrick, Ron

Full Name (Last name first, if individual)

Yes No	
I. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?.	
Answer also in Appendix, Column 2. if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	
3. Does the offering permit joint ownership of a single unit? Yes No □	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state states, list the name of the broker or dealer. It more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only. NOT	. If or n a
Business or Residence Address (Number and Street. City, State. Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code	
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	
(IL) [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	

OFFERING PRICE. NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "o" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box ☒ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 1/

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity	\$ 0	\$ 0
☐ Common ☐ Preferred		
Warrants issued upon conversion of the Notes $2/$	\$ 0	\$ 0
Partnership Interests	\$ 0	\$ 0
Other - Up to \$6,000,000 of Convertible Notes ("Notes"). 3/	\$ 6,000,000	\$ 4,822,000
Total	\$ 6,000,000	\$ 4,822,000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *'none" or "zero."

	Number Investors	Aggregate Dollar Amount of Notes Purchased
Accredited Investors	<u>45</u>	\$ 4,822,000
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	N/A	\$ N/A

3. If this filing is for an offering under Rule 504 or 505. enter the information requested for all securities sold by the issuer, to date, offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.

	Type of Security		Dollar Amount Sold
Type of Offering			
Rule 505	N/A	\$	<u>N/A</u>
Regulation A	$\overline{N/A}$	\$	<u>N/A</u>
Rule 504	<u>N/A</u>	s	<u>N/A</u>
Total	<u>N/A</u>	\$	N/A

_/ Of the up to \$6 million in Notes being issued, approximately \$950,000 of the issuer's outstanding term notes will be exchanged for the Notes issued in this offering.

^{2/} Upon conversion of the outstanding principal and interest due under each Note, the issuer will issue to each purchaser a warrant to purchase membership interests of the company (each, a "Warrant").

^{3/} The Notes are convertible into equity securities or preferred units of the issuer upon the occurrence of certain events.

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

a. Furnish a statement of all expenses in connection with the issuance and distribution offering. Exclude amounts relating solely to organization expenses of the insurer. The info subject to future contingencies. If the amount of an expenditure is not known, furnish ar box to the left of the estimate.	rmati	ion m	ay be given as
Transfer of Agent's Fees		\$	0_
Printing and Postage Costs		\$	
Legal Fees	\boxtimes	\$	25,000
Accounting Fees		\$.	00
Engineering Fees		\$	_0
Sales Commissions (specify finders' fees separately)		\$	0
Other Expenses		\$	00
Total	\boxtimes	\$	25,000
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part CQuestion 4.b above. Paymen	ıts		
to Officers Director & Affilia	rs		Payments to Others
Salaries and fees	_		60
Purchase of real estate			6 o
Purchase, rental or leasing and installation of machinery and equipment	_		00
Construction or leasing of plant buildings and facilities			6 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_		
Repayment of indebtedness			3 1,000,000
Working capital and general company purposes			
Other Becare & Davidsment Clinical Trial Expenses Sales & Marketing	_		
Column Totals	_		
Total Payments Listed (column totals added)	_	 1,797.	

	D	. FEDERAL	SIGNATURE		

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Otologics, L.L.C.	Signature	Date June 9, 2005	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Ronald L. Hendrick	Chief Financial Officer		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)